

Spring/Summer 2018

# Empowering Health

## **Introducing MBIs**

Medicare cards that fight  
identity theft

## **Medallion 4.0**

How it affects  
you and your patients

## **Premier Population Health**

Our partnership with  
providers



## From the Medical Director

I would like to start off by thanking our partners for the excellent care they provide. We are helping to make Virginia healthier.

### **New Plan Offerings**

In previous issues, we introduced you to our new programs, including CCC Plus and Medicare Advantage. We were, and are, excited to provide this coverage to your patients. However, as these programs are new, we're aware there may be some questions about them.

If you have any questions, or you would like more information, please call us at 1-800-727-7536. We're here to help.

### **Complex Case Management**

Virginia Premier has a Complex Case Management Program to assist you in caring for members with complex diagnoses. If you have patients who may be candidates for this program, call 1-804-819-5151 and ask for Case Management to see if your patient qualifies for this program.

### **Pharmacy and Therapeutics (P&T)**

The P&T Committee is composed of your peers from across the Commonwealth of Virginia, as well as representatives from our pharmacy benefits manager, EnvisionRx. The P&T Committee is responsible for updating our formularies at least monthly.

### **Other News**

Prior authorization criteria requests have been simplified and are available on our website at:

[www.viriniapremier.com/providers/medicaid/forms-library](http://www.viriniapremier.com/providers/medicaid/forms-library)

The updates include Medicaid and Medicare formularies.

Our Pharmacy and Behavioral Health departments have been working closely with the Department of Medical Assistance Services (DMAS) and the other health plans to address the current opioid crisis. And thanks to the new Addiction Recovery Treatment Services (ARTS) program, we are making tremendous progress.

We are committed to improving quality outcomes, and HEDIS® updates remain an important part of our newsletter. Thank you to all provider offices that continue to assist us in the HEDIS process. We are very encouraged that the HEDIS scores will increase with the work on barrier analysis and process improvements. We will share all official results after the final audits. Please see a current description of our Quality Program on page 6.

The new Premier Population Health program, outlined on page 4, began December 2017 and marks a renewed and strategic commitment to better health. The program provides better care for your patients, improves access to that care and helps to lower costs.

Beginning in August, Medallion 4.0 will be taking the place of Medallion 3.0. This roll-out will occur gradually across several different regions. See the article on page 3 for the effective dates per region.

Lastly, renovations at our 600 East Broad Street location are progressing and we are settling into our new office in Innsbrook. Our committee meetings (Credentialing, HQUM, P&T and QIC) are currently held at the Innsbrook location. If you have any questions, please call 1-800-727-7536.

Sincerely,

**Melvin T. Pinn, Jr., M.D., M.P.H.**  
**Medical Director**



## New Look, New Plans

We've recently updated our brand to include, among other things, a new color palette and graphic elements. Our logo has also changed, now putting a strong emphasis on our relationship to VCU Health.

Virginia Premier has been part of VCU Health for over 20 years, during which time we've both been committed to expanding access to quality care for all Virginians. "Powered by VCU Health" isn't just a slogan, it's part of who we are, and our updated brand highlights this connection.

Our brand update coincides with the introduction of two new Medicare Advantage health plans: Advantage Gold and Advantage Platinum. These plans demonstrate how Virginia Premier is evolving in its response to the health needs of the Commonwealth.

None of this affects the benefits we provide our members. They will stay the same, along with the relationships we've nurtured with providers. Together, we will continue to provide the best care for our members.

Thank you for helping us make care right, every day.

# What Medallion 4.0 Means For You And Your Patients

Virginia Medicaid is evolving from the Medallion 3.0 foundation to Medallion 4.0.

Medallion 4.0 will serve over 700,000 Medicaid and FAMIS members in Virginia, with a targeted population focus on pregnant women, infants, children, parents and caregivers.

Virginia Premier is pleased to announce we have been awarded the contract to provide Medallion 4.0 and FAMIS services in all six regions of Virginia. This is a major accomplishment, and it demonstrates our sustained dedication to our members and the communities we serve.

There will be a regional roll-out for Medallion 4.0, with the Tidewater area kicking off the implementation. The effective dates of all six regions are as follows:



## Regions

-  Tidewater
-  Central
-  Northern/Winchester
-  Charlottesville/Western
-  Roanoke/Alleghany
-  Southwest

## Proposed Effective Dates

- August 1, 2018
- September 1, 2018
- October 1, 2018
- November 1, 2018
- December 1, 2018
- December 1, 2018

## Thank You

We would like to thank the providers in our network. Your hard work, commitment and the quality health care you provided to our Medallion 3.0 members played a role in Virginia Premier being chosen for Medallion 4.0.

We are very excited to continue our partnership with Medallion 4.0. And we are grateful for your help in expanding our reach in Virginia and staying true to our mission: inspiring healthy living within the communities we serve with a focus on those in need.



Coming soon!

## DME Provider Survey

Virginia Premier will be sending a survey to all Durable Medical Equipment (DME) providers to ensure all items and services provided by your organization are on file. This survey will be emailed to each contracted provider through Survey Monkey.

With your help, we will use this information to capture services offered by our DME providers to improve service availability to our members.



## The Premier Population Health (PPH) Program

Through our Premier Population Health (PPH) program, Virginia Premier partners with providers to inspire healthy living for our members. The patient-centered program gives providers access to quality-focused representatives and data-sharing, and allows providers to host events (Wellness Days) with Virginia Premier where members can receive health education and other resources.

The program focuses on helping the communities served by VCU Health System (in Virginia and beyond), and on empowering providers to give their patients the benefit of preventive care.

### Scope

The PPH Program is an ongoing program that:

- Embeds quality-focused representatives in Virginia Premier's Neighborhood Health Center (Roanoke), Federally Qualified Health Centers (FQHCs) and other key network provider offices across the state
- Shares data with providers via their HEDIS Report Card and/or Member Care Gap Reports
- Schedules Wellness Days with providers for the benefit of their patients (our members)

In particular, PPH aims to:

- Achieve better care for patients while also lowering costs
- Eliminate barriers to care and incentivize members to close care gaps promptly
- Improve member satisfaction by providing appropriate and timely care in a culturally sensitive manner (including interpreters)
- Conduct data analysis to identify best practices
- Identify opportunities to improve the health of the population through preventive care, outcomes management and health promotion
- Develop a comprehensive, member-centric and quality-driven program that aligns Virginia Premier with DMAS' Quality Strategy ([www.dmas.virginia.gov](http://www.dmas.virginia.gov)) and CMS' Triple Aim Strategy ([www.cms.gov](http://www.cms.gov))
- Provide a framework for closing population care gaps for low-income populations, helping Virginia Premier decrease health care disparities across all lines of business



### PPH Events: Wellness Days

Our Wellness Days activities include:

- Greeting members with educational materials and giveaways
- Advising members of other needed services in the near future
- Referring members to Chronic Care / Case Management, as required
- Distributing member incentives for closing care gaps
- Assessing member experience via testimonials
- Collecting current demographic information such as addresses and phone numbers

If you would like to participate in hosting one of our Wellness Days, please contact Provider Services at 1-800-727-7536 and ask to speak to our Quality department.

Each PPH event will take place at Virginia Premier’s Neighborhood Health Center (Roanoke), an FQHC, or a participating provider’s office. To hold a PPH Event, there must be at least five Virginia Premier members scheduled for appointments at the location that day. It is preferable that the provider’s schedule be reserved only for members, but having a prescribed number of appointments during a set time period is acceptable.

Please get in touch with us so that we have enough time to coordinate logistics, outreach and any needed member transportation for the event.

### PPH Program Benefits

Provider Benefits:

- Closure of patients’ care gaps
- Decreased “no show” rate
- Lunch for the provider’s office on the day of each PPH Event
- Increased provider pay for Performance Financial Awards
- Increased provider satisfaction
- Increased provider collaboration and coordination with Virginia Premier

Member Benefits:

- Increased and timely access to care
- Increased attention to adverse behaviors
- Enhanced member-provider relationship
- Member incentives provided on the day of PPH events
- Increased member satisfaction



# 2018 Quality Improvement (QI) Program

Our Quality Program is committed to providing your patients with quality care that's safe, culturally sensitive and compliant with NCQA. Additionally, we are committed to improving your patients' communities by participating in public health initiatives at the national, state and local levels. We also aspire to meet public health goals (e.g., Healthy People 2020, state goals, etc.).

You can find our Quality Improvement (QI) program on our website at:

[www.viriniapremier.com/providers/complecare/medical-management](http://www.viriniapremier.com/providers/complecare/medical-management)

You can also request a copy by calling us at 1-800-727-7536.

## Major Accomplishments in 2017

We achieved most of the activities in our work plan for 2017. Activities that weren't completed have been considered for continuation in 2018.

## 2017 Accomplishments:

- NCQA accreditation status – achieving a 3.5 rating
- NCQA standards scoring of 98%
- Rated as one of the “Top” health plans in Virginia
- HEDIS® on-site Medical Record Review scored at 100%
- External Quality Review Organization Performance Measure Validation: no deficiencies
- Organizational Systems Review (OSR) score of 100% for Quality requirements

## 2018 Quality Program's Core Indicators:

- NCQA Accreditation (includes Clinical and Service Medallion 3.0 HEDIS Measures)
- Achieve 90% or greater on NCQA Internal Audits
- Member Experience Rating
- Member Grievances and Appeals

- Quality of Care / Service Indicators
- Member Safety Program
- Culturally & Linguistically Appropriate Services (CLAS)

## 2018 Quality Goals:

- Achieve 1st in the Commonwealth and Top 30 Best Medicaid Plans through National NCQA Rating
- Achieve the 75th percentile or greater for targeted HEDIS Performance Incentive Award (PIA) measures
- Improve member experience through CAHPS® survey education for membership, providers and internal staff
- Achieve an NCQA star rating of 4.0 or greater for Medicaid health plans

# Our Bereavement Program

Losing a child is one of the most difficult things a person or family can go through. We hope none of your patients have to experience it. If they do though, we will be there to help them through the bereavement (or grieving) period.

The bereavement period is the critical timeframe right after the loss of a loved one. The support that your patient – our member – receives during this time is critical for coping with the loss. That support may come from friends, family or religious groups.

Upon the death of a child or baby, we will send your patient a sympathy card, brochure, bereavement booklet and a “Living with Loss” magazine. And one of our Case Managers will reach out to see how they are doing, assess their needs and help with needed services.

We recognize how difficult grieving can be and want to be a part of your patient's support system.

## Attention

### **There has been a change in our utilization review process.**

Virginia Premier has implemented a new utilization review process exclusively for authorization requests for inpatient and facility-based services. This change will speed up the clinical review process for these services.

To receive authorization for all inpatient admissions (excluding maternity), skilled nursing, and outpatient scheduled surgeries, providers should submit their clinical review information by calling 1-888-251-3063. For Long-Term Services and Supports (LTSS) authorizations, please contact our Care Coordination at 1-877-719-7358. For maternity, please continue to fax in admission requests to 1-877-739-1365.

This dedicated phone number for admission requests will help us deliver high-quality, rapid service to you. If you have any questions about the prior authorization process, please call 1-888-251-3063.

## Reporting Fraud

The Federal Claims Act includes a “qui tam” or whistleblower provision which encourages individuals to come forward and report misconduct involving false claims. This provision allows any person with actual knowledge of allegedly false claims to the government to file a lawsuit on behalf of the U.S. government. Such persons are referred to as “relators”.

- **Award to Qui Tam Whistleblowers:** If the lawsuit is successful, and certain legal requirements are met, the qui tam relator or whistleblower may receive an award ranging from 15 to 25 percent of the amount recovered.
- **No Retaliation:** The Federal False Claims Act protects those filing a lawsuit or assisting in a False Claim Act action, so that they do not face retaliation. Providers should have a policy that prohibits any type of retaliation against those who report concerns. This policy works in conjunction with the Federal False Claims Act, and the Virginia Fraud Against Taxpayers Act in protecting those who report misconduct.

To report any suspected wrongdoing directly to Virginia Premier, you may report your concerns online at: [www.compliancehelpline.com/welcomePageVCUHS.jsp](http://www.compliancehelpline.com/welcomePageVCUHS.jsp)

You may also contact Virginia Premier by phone at:

**Program Integrity Officer:** 1-800-727-7536

**Compliance Helpline:** 1-800-620-1438

Reports to Virginia Premier will remain confidential and can be anonymous.

## Utilization Management Update

### **Commonwealth Coordinated Care: Continuity of Care (COC) Period Change**

For MLTSS members, the continuity of care (COC) time period is now 30 days. There will be a COC of 30 days for Medallion 4.0 members.



## SSN-based Health Insurance Claim Numbers (HICNs)

The Medicare Access and CHIP Reauthorization Act of 2015 has mandated the removal of Social Security Number-based HICNs from Medicare ID cards to reduce the risk of beneficiary medical identity theft. Beginning April 2018, CMS will begin issuing new Medicare ID Cards with Medicare Beneficiary Identifiers (MBIs) to all Medicare subscribers. In support of this mandate, Virginia Premier will be removing Social Security numbers from all systems to further protect our members.

### **What do the new Medicare cards mean for providers?**

The new ID cards will contain the MBI for existing and new Medicare-insured members. Providers should review their practice management and business processes to determine how to accommodate the new MBI.

### **What should providers do to get ready for the new Medicare cards and MBIs?**

Providers will need to use the new MBIs and ensure their practice management systems and business processes are compliant by April 2019. If providers use billing vendors, they will need to contact the vendor to learn about their MBI practice management system changes. In addition, providers and/or billing vendors should consider:

- Automatically accepting the new MBI from the remittance advice (835) transaction
- Identifying patients who qualify for Medicare under the Railroad Retirement Board (RRB)

### **How will providers get patients' MBIs?**

CMS began mailing ID cards with MBIs for Medicare recipients in April 2018. Please visit [www.cms.gov](http://www.cms.gov) for updates.

### **New Medicare remittance advice**

For information regarding remittance advice, providers can contact Dr. Eugene Freund, the Provider Ombudsman for the New Medicare Card. Questions can be emailed to:

[NMCProviderQuestions@cms.hhs.gov](mailto:NMCProviderQuestions@cms.hhs.gov)

### **How you can help your patients**

Remind your patients to bring their new ID cards to every appointment.

### **When do providers use MBIs?**

Providers should use the MBIs as soon as the patient receives their new Medicare ID card.

### **Where can providers get help with the new Medicare cards?**

Providers and office managers can access more information about the new Medicare card through the CMS website at:

[www.cms.gov/Medicare/New-Medicare-Card/Providers/Providers-and-office-managers.html](http://www.cms.gov/Medicare/New-Medicare-Card/Providers/Providers-and-office-managers.html)

# ARTS Program: Billing Requirements

Buprenorphine-waivered practitioners should not bill for physician services (MAT induction H0014 or E&M physician visits), psychotherapy or opioid counseling (H0004 or H0005) if provided by the same practitioner on the same date of service. Opioid counseling can be provided by an addiction treatment professional with different credentials. This professional can also bill for H0004 or H0005 on the same date of service that the physician services are delivered by the buprenorphine-waivered practitioner.

Also, substance use care coordination (G9012) should not be billed in the same month as substance use case management (H0006).



## MCO Requirements for Billing Preferred Office-Based Opioid Treatment (OBOT) and Opioid Treatment Program (OTP) Services

Codes	Provider Types Allowed to Bill	Billing NPIs	Servicing NPIs
H0014 – MAT Induction	<ul style="list-style-type: none"> <li>Buprenorphine-waivered practitioner (MD, DO, NP, PA)</li> </ul>	<ul style="list-style-type: none"> <li>OBOT Group ID</li> <li>Buprenorphine-waivered practitioner (MD, DO, NP, PA)</li> </ul>	<ul style="list-style-type: none"> <li>Buprenorphine-waivered practitioner (MD, DO, NP, PA)</li> </ul>
H0004 – Individual Opioid Counseling	<ul style="list-style-type: none"> <li>Buprenorphine-waivered practitioner (MD, DO, NP, PA)</li> <li>Licensed behavioral health providers</li> </ul>	<ul style="list-style-type: none"> <li>OBOT Group ID</li> <li>Buprenorphine-waivered practitioner (MD, DO, NP, PA)</li> <li>Licensed behavioral health providers</li> </ul>	<ul style="list-style-type: none"> <li>Buprenorphine-waivered practitioner (MD, DO, NP, PA)</li> <li>Licensed behavioral health providers</li> </ul>
H0005 – Group Opioid Counseling	<ul style="list-style-type: none"> <li>Buprenorphine-waivered practitioner (MD, DO, NP, PA)</li> <li>Licensed behavioral health providers</li> </ul>	<ul style="list-style-type: none"> <li>OBOT Group ID</li> <li>Buprenorphine-waivered practitioner (MD, DO, NP, PA)</li> <li>Licensed behavioral health providers</li> </ul>	<ul style="list-style-type: none"> <li>Buprenorphine-waivered practitioner (MD, DO, NP, PA)</li> <li>Licensed behavioral health providers</li> </ul>
G9012 – Substance Use Care Coordination	<ul style="list-style-type: none"> <li>Buprenorphine-waivered practitioner (MD, DO, NP, PA)</li> <li>Licensed behavioral health providers</li> </ul>	<ul style="list-style-type: none"> <li>OBOT Group ID</li> <li>Buprenorphine-waivered practitioner (MD, DO, NP, PA)</li> <li>Licensed behavioral health providers</li> </ul>	<ul style="list-style-type: none"> <li>Buprenorphine-waivered practitioner (MD, DO, NP, PA)</li> <li>Licensed behavioral health providers</li> </ul>

# Cultural Competency

Cultural competency plays an important role in knowing how to treat one another with respect and understanding. As such, cultural competency has a big effect on the ability of patients and providers to find common ground when it comes to setting treatment plans.

Keep the following tips in mind to help you serve patients and families from other cultures:

- Learn more about a patient's culture by seeing how their family members interact. Finding out how a family copes with a crisis can be helpful in developing treatment options or discharge plans.
- Find out how long the family has been here. The less time they have been in the U.S., the more influence their native culture has.
- Some behaviors are rooted in specific cultures. For example:
  - a culture may require same-gender health care providers
  - avoiding eye contact might be a sign of respect, and shouldn't be taken as indifference
- Ask the patient if there is something you don't understand about their culture.
- Keep a list of trained medical interpreters. Unless necessary, don't let family members act as interpreters. Family members may not be objective, and patients may be uncomfortable discussing certain things with family present.
- Note the cultural differences that may affect care. For instance, in cultures where women are not allowed to make decisions, a mother may be unwilling to sign a consent form for their child.
- Provide resources and training to your staff on awareness of and sensitivity to cultural differences. Libraries and book stores have good resources on cultural competency in a medical setting.
- Be careful about stereotypes. Don't assume that everyone from a certain country is alike. Culture and beliefs vary widely in the U.S.; the same is true of other countries.



## Course and Quiz Available

We encourage doctors to take Virginia Premier's challenge to complete a cultural competency course. This can be the course offered by Virginia Premier or an alternative course chosen by the provider. The goal is to help doctors treat and care for members of diverse ethnic backgrounds, thereby increasing patient safety. Practitioners who complete the class will be recognized.

We also offer a cultural competency quiz so that providers can test their knowledge.

Contact Virginia Premier at 1-800-727-7536 if you would like to receive the course or the quiz.



## Our Online Resources

Our new website has many helpful tools for you, including the Provider Portal:

[www.virginiapremier.com/providers/medicaid/provider-portals](http://www.virginiapremier.com/providers/medicaid/provider-portals)

It's free for all product lines, and gives you the ability to:

- Verify eligibility
- Check the status of authorizations
- Perform online authorization requests
- Check claim status
- Submit claims online to Virginia Premier
- Update the providers listed in your practice
- Obtain a listing of paneled members

You can find the **Provider Update Request Form** at:

[www.virginiapremier.com/providers/provider-update-request-form](http://www.virginiapremier.com/providers/provider-update-request-form)

Use this form to notify us of changes such as:

- Practice closures
- Change of addresses
- New contact information
- Provider changes in your practice

For forms such as claims adjustments, EFT/ERA, panel change requests and more, go to our **Provider Forms Library**:

[www.virginiapremier.com/providers/medicaid/forms-library](http://www.virginiapremier.com/providers/medicaid/forms-library)



**Making Virginia healthier together.**

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If you have any questions, please contact Provider Services. Our hours are Monday through Friday from 8:00 a.m. to 5:00 p.m. at 1-804-819-5151 or toll-free 1-800-727-7536 (TTY: 711). We're here to help.